

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Murillo For Judge		Date of This Filing 05/21/2008	Date Stamp RECEIVED AND FILED in the office of the Secretary of State of the State of California MAY 22 2008 DEBRA BOWEN Secretary of State	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (818) 613-7128	I.D. NUMBER (if applicable) 1304973	Report No. 001		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE	No. of Pages 2	

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
05/21/2008 	Mark Geragos ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Law Offices Of Geragos & Geragos	1000.00
05/21/2008 	Moises Gullon ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	1000.00
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Reason for Amendment: _____

Late Contribution Report

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LATE CONTRIBUTION REPORT

NAME OF FILER
Murillo For Judge

AREA CODE/PHONE NUMBER

I.D. NUMBER (if applicable)

1304973

STREET ADDRESS

CITY

STATE

ZIP CODE

Date of
This Filing**RECEIVED AND FILED**
in the office of the Secretary of State
of the State of California

Report No. _____

MAY 22 2008

☐ Amendment
to Report No. _____
(explain below)**DEBRA BOWEN**
Secretary of State

No. of Pages _____

2 / 2

CALIFORNIA
FORM

497

For Official Use Only

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
1	ID:	Ballot: Dist:		
1	ID:	Ballot: Dist:		
1	ID:	Ballot: Dist:		
1	ID:	Ballot: Dist:		

Reason for Amendment: _____

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Late Contribution Report

Type or print in ink.
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NAME OF FILER Molloy for Judge		Date of This Filing 05/22/2008		RECEIVED AND FILED IN THE OFFICE OF THE SECRETARY OF THE STATE OF CALIFORNIA MAY 22 2008 DEBRA BOWEN Secretary of State		LATE CONTRIBUTION REPORT FORM 497 For Official Use Only	
AREA CODE/PHONE NUMBER (951) 684-8181	I.D. NUMBER (if applicable) 1304162	Report No. LCR-80522					
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)					
CITY	STATE	ZIP CODE	No. of Pages 2				

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
05/22/2008	Riverside Sheriff's Association PAC Fund ID: 860132 Ref: □	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

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Reason for Amendment: _____

Late Contribution Report

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LATE CONTRIBUTION REPORT

NAME OF FILER
Molloy for Judge

AREA CODE/PHONE NUMBER

I.D. NUMBER (if applicable)

1304162

Date of
This Filing

Report No.

☐ Amendment
to Report No. _____
(explain below)

No. of Pages

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

MAY 22 2008

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Secretary of State

CALIFORNIA
FORM 497
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Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
1	ID:	Ballot: Dist:		
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Reason for Amendment:

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497 Contribution Report

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497 CONTRIBUTION REPORT

NAME OF FILER JERRY NASTARI FOR SUPERIOR COURT JUDGE		Date of This Filing 05/22/2008	Date Stamp RECEIVED AND FILED in the office of the Secretary of the State of California MAY 22 2008 DEBRA BOWEN Secretary of State <i>R</i>	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER (415) 732-7700	I.D. NUMBER (Applicable) 1303229	Report No. POB-PRI-04	For Official Use Only	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages 1		
CITY	STATE		ZIP CODE	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
05/21/2008	ROBERT BATKOVICH	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	2,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
05/21/2008	LINDA NASTARI 32	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LICENSED SOCIAL WORKER SELF-EMPLOYED, SAME NAME	3,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
05/22/2008	GEORGE R. COREY	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY COREY, LUZATICH, PLISKA, DE GHETALDI & NASTARI, LLP	4,850.00 <input checked="" type="checkbox"/> Check if Loan 0_% Provide interest rate

SOS Political Reform Division

FAX (916) 653-5045

S.F. Department of Elections

FAX (415) 356-7344

L.A. County Registrar/Recorder

FAX (562) 651-2508

San Mateo County Clerk

FAX (650) 312-5348

Reason for Amendment: _____

*Contributor Codes

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 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

May 22 2008 18:12

F-831
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From-THE SUTTON LAW FIRM

06:31pm

05-22-2008

497 Contribution Report

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497 CONTRIBUTION REPORT

NAME OF FILER Gateway Chula Vista 2, LLC		Date of This Filing 05/22/2008	Date Stamp MAY 22 2008	CALIFORNIA FORM 497 For Official Use Only R
AREA CODE/PHONE NUMBER 619-422-8400	I.D. NUMBER (if applicable) 1307287	RECEIVED AND FILED in the office of the Secretary of State of the State of California		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE	No. of Pages 2	

DEBRA BOWEN
Secretary of State

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

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 PTY - Political Party
 SCC - Small Contributor Committee

May 22 2008 17:01
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C. April Boling, CPA
May 22 08 05:51p

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497 Contribution Report

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497 CONTRIBUTION REPORT

NAME OF FILER Gateway Chula Vista 2, LLC		Date of This Filing 05/22/2008	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 619-422-8400	I.D. NUMBER (if applicable)	Report No. _____	RECEIVED AND FILED In the office of the Secretary of State of the State of California MAY 22 2008 DEBRA BOWEN Secretary of State	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE		
		No. of Pages 2		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
05/21/2008	San Diego County Republican Central Committee ID: 741949		10000.00	

Reason for Amendment: _____

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497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER San Francisco Building and Construction Trades Council Political Organization of Workers for Employee Rights Political Issues (FUND/ID/PHONE NUMBER)		Date of This Filing 05/22/2008 Report No. 192 <input type="checkbox"/> Amendment to Report No. (explain below) No. of Pages 1	RECEIVED AND FILED in the office of the Secretary of State of the State of California MAY 22 2008 DEBRA BOWEN Secretary of State	CALIFORNIA FORM 497 For Official Use Only R
STREET ADDRESS				
CITY		STATE		
ZIP CODE				

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
05/22/2008	Committee for Quality Teachers and Education, Yes on Proposition A (#1305506)	School Parcel Tax City of San Francisco	1,000.00	06/03/2008
05/22/2008	Committee for Real Solutions for Housing - A Committee Opposed to Proposition F (#1305925)	Affordable Housing Req. for Candlestick Point & Hunters Point Shipyard Mixed Use Dev. Proj. City of San Francisco	1,000.00	06/03/2008

Reason for Amendment:

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497 Contribution Report

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NAME OF FILER Gateway Chula Vista, LLC		Date of This Filing 05/22/2008	RECEIVED AND FILED In the office of the Secretary of the State of California MAY 22 2008 DEBRA BOWEN Secretary of State	497 CONTRIBUTION REPORT CALIFORNIA FORM 497 For Official Use Only
ARFA CODE/PHONE NUMBER 619-422-8400	I.D. NUMBER (if applicable) 1307282	Report No. 1		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY I	STATE	ZIP CODE		
		No. of Pages 2		

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____ % Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____ % Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____ % Provide interest rate

Reason for Amendment: _____

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497 Contribution Report

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NAME OF FILER Gateway Chula Vista, LLC		Date of This Filing 05/22/2008	Date Stamp MAY 22 2008	497 CONTRIBUTION REPORT CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 619-422-8400	I.D. NUMBER (if applicable)	Report No. 1	RECEIVED AND FILED in the office of the Secretary of the State of California DEBRA BOWEN Secretary of State	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages 2		
CITY	STATE	ZIP CODE		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
05/21/2008	San Diego County Republican Central Committee ID: 741949		10000.00	

Reason for Amendment: _____

May 22 2008 17:43
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C. April Boling, CPA
May 22 08 05:43p

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1 of 2

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497 Contribution Report

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497 CONTRIBUTION REPORT

NAME OF FILER Alessio Investment Company		Date of This Filing 05/22/2008	Date Stamp MAY 22 2008	RECEIVED AND FILED in the office of the Secretary of State of the State of California DEBRA BOWEN Secretary of State	CALIFORNIA FORM 497 For Official Use Only R/f
AREA CODE/PHONE NUMBER 619-239-9191	I.D. NUMBER (if applicable) 1281320	Report No. 1			
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)			
CITY	STATE	ZIP CODE			
No. of Pages 2					

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

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OTH - Other (e.g., business entity)
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SCC - Small Contributor Committee

2 of 2

497 Contribution Report

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NAME OF FILER Alessio Investment Company		Date of This Filing 05/22/2008	RECEIVED AND FILED in the office of the Secretary of State of the State of California MAY 22 2008 DEBRA BOWEN Secretary of State	497 CONTRIBUTION REPORT
AREA CODE/PHONE NUMBER 619-239-9191	I.D. NUMBER (if applicable) 1281320	Report No. 1		CALIFORNIA FORM 497 For Official Use Only
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY	STATE	ZIP CODE		
		No. of Pages 2		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
05/21/2008	San Diego County Republican Central Committee ID: 741949		10000.00	

Reason for Amendment: _____

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497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Wintec Energy Ltd.; Frederick W. Noble; SRG; D & D Land Company, LLC; D & B Land Company, LLC and Affiliated Entities		Date of This Filing 05/22/2008 Report No. 195 <input type="checkbox"/> Amendment to Report No. (explain below) No. of Pages 1	RECEIVED AND FILED Date Stamp in the office of the Secretary of of the State of California MAY 22 2008 DEBRA BOWEN Secretary of State	CALIFORNIA FORM 497 For Official Use Only R
AREA CODE/PHONE NUMBER (760) 323-9490		I.D. NUMBER (# applicable) 496348		
STREET ADDRESS				
CITY		STATE	ZIP CODE	

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
05/22/2008	Bob Buster for Supervisor (#920450)	Bob Buster County Supervisor Riverside	5,000.00	06/03/2008

Reason for Amendment:

FPPC Form 497 (November/07)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

05/22/2008

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497 Contribution Report

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Amounts may be rounded to whole dollars.

1 of 9

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NAME OF FILER

Pacifica Group, LLC

AREA CODE/PHONE NUMBER

949.265 1628

I.D. NUMBER (if applicable)

1278022

STREET ADDRESS

CITY

STATE

ZIP CODE

Date of
This Filing

05/22/2008

Date Stamp

Report No.

01-08

☐ Amendment
to Report No. _____
(explain below)

No. of Pages

1 of 9

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

MAY 22 2008

DEBRA BOWEN
Secretary of State

497 CONTRIBUTION REPORT

CALIFORNIA
FORM

497

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2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
05/21/2008	Karen Bass for Assembly 2008	Asm Karen Bass (D)	2,000	06/03/2008
05/21/2008	Friends of John J. Benoit	Asm John Benoit (R)	1,000	
05/21/2008	Patty Berg Officeholder's Account	Asm Patty Berg (D)	2,000	
05/21/2008	Anna Caballero for Assembly 2008	Asm Anna Caballero (D)	1,000	06/03/2008

Reason for Amendment: _____

497 Contribution Report

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497 CONTRIBUTION REPORT

NAME OF FILER Pacifica Group, LLC		Date of This Filing 05/22/2008	RECEIVED AND FILED in the office of the Secretary of State of the State of California MAY 22 2008 DEBRA BOWEN Secretary of State No. of Pages <u>2 of 9</u>	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 949.265.1628	I.D. NUMBER (if applicable) 1278022	Report No. 01-08		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
05/21/2008	Charles Calderon for Assembly 2008	Asm Charles Calderon (D)	3,600	06/03/2008
05/21/2008	Ron Calderon for Senate 2010	Sen Ron Calderon (D)	3,600	
05/21/2008	Friend's of Wilmer Amina	Asm Wilmer Amina Carter (D)	2,000	06/03/2008
05/21/2008	Lou Correa for Senate 2010	Sen Lou Correa (D)	3,600	

Reason for Amendment: _____

497 Contribution Report

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NAME OF FILER Pacifica Group, LLC		Date of This Filing 05/22/2008	Date Stamp	497 CONTRIBUTION REPORT
AREA CODE/PHONE NUMBER 949.265.1628	I.D. NUMBER (if applicable) 1278022	Report No. 01-06	RECEIVED AND FILED In the office of the Secretary of State of the State of California MAY 22 2008 DEBRA BOWEN Secretary of State	CALIFORNIA FORM 497 For Official Use Only
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE	No. of Pages 3 of 9	

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
05/21/2008	Joe Coto for State Assembly	Asm Joe Coto (D)	3,600	06/03/2008
05/21/2008	Taxpayers for Dave Cox - Senate 2008	Sen Dave Cox (R)	2,000	06/03/2008
05/21/2008	Mike Davis for Assembly 2008	Asm Mike Davis (D)	1,000	06/03/2008
05/21/2008	Believing in a Better CA	Asm Kevin De Leon (D)	5,000	

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497 CONTRIBUTION REPORT

NAME OF FILER Pacifica Group, LLC		Date of This Filing 05/22/2008	Date Stamp MAY 22 2008	RECEIVED AND FILED in the office of the Secretary of State of the State of California DEBRA BOWEN Secretary of State No. of Pages <u>4 of 9</u>	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 949.265.1628	I.D. NUMBER (if applicable) 1278022	Report No. 01-08			
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05/21/2008	DeVore in 08	Asm Chuck DeVore (D)	2,000	06/03/2008
05/21/2008	Mike Duvall for Assembly 2008	Asm Michael Duvall (R)	2,000	06/03/2008
05/21/2008	Dean Florez Officeholder Account	Sen Dean Florez (D)	1,000	
05/21/2008	Fuentes for Assembly 2008	Asm Felipe Fuentes (D)	3,000	06/03/2008

Reason for Amendment: _____

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05/21/2008	CATHLEEN GALGIANA FOR ASSEMBLY	ASM CATHLEEN GALGIANI (D)	2,000	06/03/2008
05/21/2008	GARRICK FOR ASSEMBLY 2008	ASM MARTIN GARRICK (R)	1,000	06/03/2008
05/21/2008	DENNIS HOLLINGSWORTH OFFICEHOLDER'S ACCOUNT 2008	SEN DENNIS HOLLINGSWORTH (R)	1,000	
05/21/2008	TED LIEU FOR ASSEMBLY 2008	ASM TED LIEU (D)	2,000	06/03/2008

Reason for Amendment: _____

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497 CONTRIBUTION REPORT

NAME OF FILER Pacifica Group, LLC		Date of This Filing 05/22/2008	RECEIVED AND FILE in the office of the Secretary of State of the State of California MAY 22 2008 DEBRA BOWEN Secretary of State	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 949.265.1628	I.D. NUMBER (if applicable) 1278022	Report No. 01-08		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE		
		No. of Pages 6 of 9		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
05/21/2008	RE-ELECT FIONA MA	ASM FIONA MA (D)	1,000	06/03/2008
05/21/2008	FRIENDS OF TONY MENDOZA 2008	ASM TONY MENDOZA (D)	2,000	06/03/2008
05/21/2008	RE-ELECT CAROLE MIGDEN	SEN CAROLE MIGDEN (D)	2,000	06/03/2008
05/21/2008	NEGRETE MCLEOD FOR SENATE 2010	SEN GLORIA NEGRETE-MCLEOD (D)	1,000	

Reason for Amendment: _____

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

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497 CONTRIBUTION REPORT

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STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)			
CITY	STATE	ZIP CODE	No. of Pages 7 of 9		

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05/21/2008	PADILLA FOR SENATE	SEN ALEX PADILLA (D)	2,000	
05/21/2008	COMMITTEE TO RE-ELECT CURREN PRICE	ASM CURREN PRICE (D)	2,000	06/03/2008
05/21/2008	MARY SALAS FOR ASSEMBLY	ASM MARY SALAS (D)	1,000	06/03/2008
05/21/2008	SOLORIO FOR ASSEMBLY 2008	ASM JOE SOLORIO (D)	3,600	06/03/2008

Reason for Amendment: _____

497 Contribution Report

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497 CONTRIBUTION REPORT

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STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY _____	STATE _____	ZIP CODE _____		
		No. of Pages 8 of 9		

2. Contribution(s) Made

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05/21/2008	ALBERT TORRICO FOR ASSEMBLY 2008	ASM ALBERT TORRICO (D)	3,600	06/03/2008
05/21/2008	FRIENDS OF MIMI WALTERS	ASM MIMI WALTERS (R)	2,000	
05/21/2008	YEE FOR SENATE	SEN LELAND YEE (D)	3,600	
05/21/2008	FRIENDS OF JEFF MILLER 2008	JEFF MILLER (R)	2,000	06/03/2008

Reason for Amendment: _____

497 Contribution Report

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NAME OF FILER Pacifica Group, LLC		Date of This Filing 05/22/2008	RECEIVED AND FILED In the office of the Secretary of State of the State of California MAY 22 2008 DEBRA BOWEN Secretary of State	497 CONTRIBUTION REPORT CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER 949.265.1628	I.D. NUMBER (if applicable) 1278022	Report No. 01-08		For Official Use Only
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY	STATE	ZIP CODE		
		No. of Pages 9 of 9		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
05/21/2008	TORRES FOR ASSEMBLY	NORMA TORRES (D)	1,000	06/03/2008

Reason for Amendment: _____

497 Contribution Report

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30AD

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NAME OF FILER

Fresno-Madera-Tulare-Kings Counties Labor Council Committee on Political

AREA CODE/PHONE NUMBER

559/275-1151

I.D. NUMBER (if applicable)

744646

STREET ADDRESS

CITY

STATE

ZIP CODE

Date of
This Filing

5/22/08

Date Stamp

MAY 22 2008

Report No.

☐ Amendment
to Report No. _____
(explain below)

No. of Pages

1

DEBRA BOWEN
Secretary of State

497 CONTRIBUTION REPORT

CALIFORNIA
FORM

497

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2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
5/22	Fran Flores	30th California Assembly District	1000.00	11/4
5/21	Susan Anderson for Supervisor	Fresno County Supervisor District #2	1500.00	6/3
5/21	Susan Good for City Council District #4	Fresno City Council District #4	1500.00	6/3

Reason for Amendment: _____

PROP 98 S

P 002/002
MAY 22 2008 (THU) 19:19
ADMINISTRATION
(FAX) 310 260 2666

MD

497 Contribution Report

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497 CONTRIBUTION REPORT

NAME OF FILER Abraham Keh		Date of This Filing 05/22/2008	RECEIVED AND FILED in the office of the Secretary of State of California MAY 22 2008 DEBRA BOWEN Secretary of State	CALIFORNIA FORM 497 For Official Use Only R/g
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)	Report No. 002		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE		
		No. of Pages 1		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE ALSO ENTER ID NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
05/21/2008	A Coalition of the Howard Jarvis Taxpayers Assoc, the CA Assoc of Realtors Issues. PAC, CA Farm Bureau Federation, Yes Prop 98 (#1296303)	California Property Owners & Farmland Protection Act (AG # 07-0015); Proposition 98 Statewide	25,000.00	

Reason for Amendment: _____